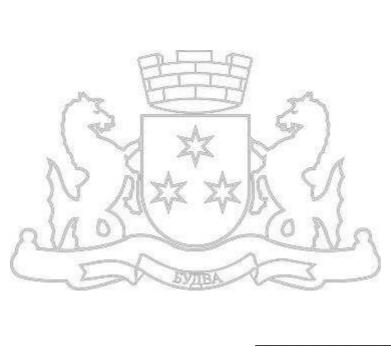
MUNICIPALITY BUDVA Secretariat for social services

SUBJECT: Request for financial assistance and one-time financial assistance

SURNAME AND NAME	parent's name,
	CO,
APARTMENT ADDRESS	
TELEPHONE	,
MARRITAL STATUS: Married, uni	married, divorced, widower - widow, non-
matrimonial partnership.	
ودالر	
	6
Capability for work: Capable, inca	pable (in case of incapability submit
corresponding medical documenta	tion).
	7.7. Z.X.IV - V (
Household members relation	ship capability UIN
1.	BYABA (
2	
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7	
Employment status: employed, un student, other (relevant certificate p	nemployed, agricultural producer, pensioner, pupil, proves the status)
Household income: salary, pension help from a third person, other income.	n, family mater security, allowance for care and ome:

	<u>latives - parents and children</u> (if living in the same household). Type
and level (sul	bmit relevant proof)
Residential s	situation: tenancy right, apartment or house owner, co-owner, sub-tena
other, (submirent).	it written proof, sub-tenants specify name and surname of land-lord ar
Docidontial o	situation of a valative (if living in the same household), tenongy violet
	situation of a relative (if living in the same household): tenancy right house owner, co-owner, sub-tenant, other (submit written proof)
Medical state	e of the applicant and member of their household:
	(submit relevant medical documentation)
D	$\Delta > \Delta >$
<u>Reasons for 1</u>	request of one-time financial assistance or financial assistace:
	Same A same
Comments:	
<u>comments.</u>	

- 2. Certificate of award at international or national competition or for exceptional performance at specific field
- 3. Certificate of residence in Municipality Budva and
- 4. Bank name and giro account number to which the assistance should be paid.



(name and surname of the applicant – capital letters)
(UIN)
(address of residence)
(contact telephone)
(e-mail address)
(applicant's giro account)
(bank name)
(applicant's signature)